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PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No.	16869S-041100US
First Inventor	Oshida, Yoshitada
Title	METHOD AND APPARATUS FOR INSPECTING DNA AND METHOD FOR DETECTING FLUORESCENCE
Express Mail Label No.	EL695654483US

**APPLICATION ELEMENTS**  
See MPEP chapter 600 concerning design patent application contents.

## ADDRESS TO

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)  
See 37 CFR 1.27.
2. ☐ Applicant claims small entity status.
3. ☒ Specification [Total Pages 31]  
(preferred arrangement set forth below)
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 13]
5. Oath or Declaration/Power of Atty [Total Pages 4]
  - a. ☒ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 CFR 1.63 (d))  
(for a continuation/divisional with Box 18 completed)
  - i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☒ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ paper number of pages
  - c. ☐ Statements verifying identity of above copies

## ACCOMPANYING APPLICATIONS PARTS

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. § 3.73(b) Statement of Power of Attorney (when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations (2)
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. ☒ Certified Copy of Priority Document(s) (if foreign priority is claimed) (JP 2001-097966)
16. ☐ Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent
17. ☐ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No: \_\_\_\_\_ / \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_

Group Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

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Country

Telephone

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Name (Print/Type)

Robert C. Colwell

Registration No. (Attorney/Agent)

27,431

Signature

*Robert C. Colwell*

Date

January 18, 2002

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PA 3196258 v1

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2001</h2> <p style="margin: 5px 0;"><i>Patent fees are subject to annual revision.</i></p>		<b>Complete If Known</b>	
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 780		Application Number	
		Filing Date	
		First Named Inventor	Oshida, Yoshitada
		Examiner Name	
		Group Art Unit	
		Attorney Docket No.	16869S-041100US

<b>METHOD OF PAYMENT</b>					<b>FEE CALCULATION (continued)</b>																																																																																																																																																																																								
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:  Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">20-1430</span>  Deposit Account Name: <span style="border: 1px solid black; padding: 2px 40px;">Townsend and Townsend and Crew LLP</span> <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					<b>3. ADDITIONAL FEES</b>																																																																																																																																																																																								
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<b>SUBMITTED BY</b>				<b>Complete (if applicable)</b>	
Name (Print/Type)	Robert C. Colwell	Registration No. (Attorney/Agent)	27,431	Telephone	650-326-2400
Signature				Date	January 18, 2002

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